

Express Mail Mailing Label Number 513411511018US
 Date of Deposit 7/16/03
 I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents
 P.O. Box 1450, Alexandria, VA 22313-1450
Andrea M. Orsini
 (TYPED OR PRINTED NAME OF BENEFITARY)
Quincy H. Orsini
 (SIGNATURE)

07/16/03

PATENT APPLN. TRANSMISSION
 CORPORATIONS (LARGE BUSINESSES)

DOCKET NO. LEEE 2 00310

COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

21910 U.S. PTO
10/621087
 07/16/03

Sir:

This is a request for the filing of an Original (nonprovisional) Patent Application.

Transmitted herewith for filing under 37 C.F.R. 1.53(b) is the patent application entitled: _____

LOCKING DEVICE FOR LATCH ASSEMBLY

X The inventor(s) of the subject patent application are as follows: Nino Silvestro

Enclosed are:

- X 17 Pages of the specification, abstract and claims.
- X 3 Sheets of drawings.
- X Declaration or Oath.
- X Information Disclosure Statement, PTO-1449, and copies of IDS citations.

 This application is not to be published under 35 U.S.C. 122(b). It is certified that the invention disclosed in the application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

X The Assignee of this application is Lincoln Global, Inc., a Delaware Corporation

The fee has been calculated as shown below.

Claims as Filed				
For	Number Filed	Number Extra	Rate	Basic Fee \$750.00
Total Claims	27	-20 = 7	x \$18	\$ 126.00
Independent Claims	5	-3 = 2	x \$84	\$ 168.00
Total Filing Fee --->				\$ 1,044.00

- X Assignment (\$40.00).
- X A check in the amount of \$ 1,084.00 to cover the required fees is enclosed.

X General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & McKEE

By: 

ROBERT V. VICKERS

Reg. No. 19,504

1100 Superior Avenue, Seventh Floor

Cleveland, Ohio 44114-2579

Phone: (216) 861-5582

Fax: (216) 241-1666